

experience also correlated significantly and positively with technical skill ($p=0.02$) and less errors ($p=0.04$). A strong positive correlation was seen in all other measures.

Conclusions: This study was able to distinguish surgeons based on their real-world laparoscopic experience using a novel animal tissue right hemicolectomy model. Thus, the construct validity of the platform is established in this feasibility study.

0104 DIAGNOSTIC VALUE OF PRE-OPERATIVE INVESTIGATIONS IN ACUTE APPENDICITIS

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Introduction: The aim of this study was to prospectively evaluate the diagnostic value of admission total white cell count (WCC), C-Reactive Protein (CRP), Neutrophil:Lymphocyte ratio (NLR), Ultrasound and Computerised Tomography (CT).

Methods: Admission WCC, CRP and NLR were recorded, as were preoperative USS and CT results if performed. ROC curve analysis was used to assess the diagnostic accuracy of WCC, CRP and NLR. Specificity and Sensitivity were calculated for USS and CT.

Results: 200 patients were referred to the general surgical department with an average age of 30.2 ± 15.9 years. 98 patients underwent appendectomy (50 were laparoscopic procedures). 15 patients had post-operative complications. 72 patients had histology that was positive of acute appendicitis. ROC curve analysis demonstrated the greatest sensitivity of WCC (AUC 0.826, 95% C.I. 0.764 – 0.888, $p<0.001$), followed by NLR (AUC 0.796, 95% C.I. 0.733 – 0.859, $p<0.001$) and then CRP (AUC 0.633, 95% C.I. 0.555 – 0.711, $p = 0.002$). USS sensitivity was 46.2% and specificity 87.5%. CT sensitivity was 100% and specificity 75%.

Conclusion: WCC has a good diagnostic accuracy compared to NLR and CRP in predicting acute appendicitis. CT has a greater sensitivity and specificity than USS.

0110 THE FEASIBILITY AND EARLY RESULTS OF FENESTRATED ENDOGRAFTING FOR JUXTARENAL ABDOMINAL AORTIC ANEURYSMS

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Aims: To assess the early results following fenestrated endovascular aneurysm repair (F-EVAR) for juxtarenal abdominal aortic aneurysm from a single centre.

Methods: Data were collected prospectively and analysed retrospectively for consecutive patients undergoing F-EVAR from September 2007–August 2010. All patients were unsuitable for conventional endovascular repair.

Results: Fifteen patients, all men with a mean age of $72.1(\text{SD}\pm 5.9)$ years were treated during the observed period. Median follow-up was 12 (interquartile range 7–24) months. Forty-six target vessels were treated (32 fenestrations and 14 scallops) with 28 covered and 5 uncovered stents. Follow-up showed 1 renal artery stent occlusion. Two patients had small persistent type 2 endoleaks. There were no cases of type 1 endoleak, stent migration or graft limb occlusion and no re-interventions. The mean estimated Glomerular Filtration Rate remained unchanged for the duration of follow-up ($P=0.993$). The D2 remained stable ($P=0.268$) whereas D3 gradually reduced over the follow-up period although the difference did not reach statistical significance. There was no aneurysm related death and one death at 12 months was related to severe congestive cardiac failure.

Conclusions: F-EVAR is a valid treatment option for patients with complex aortic aneurysm morphology and is associated with low morbidity and mortality in the first year.

0114 EVIDENCE TO PREDICT INCREASED DIFFICULTY AND ADVERSE OUTCOME FOR ELECTIVE CHOLECYSTECTOMY

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Aims: We investigate if patients initially presenting as an emergency with complications of cholelithiasis represent more of a challenge with subsequent elective surgery than those initially seen in outpatient clinic.

Methods: Retrospective analysis of elective cholecystectomy practice in district general hospital over 3 years. Notes and hospital database systems used for data capture. Same admission emergency cholecystectomies excluded.

Results: Between July 07 and March 10, 787 elective cholecystectomies included in study. 746 laparoscopic, 13 open and 28 converted (3.8%). Initial presentation of gallstone disease in outpatient clinic 540 patients (group 1) and as emergency admission 247 patients (group 2). Median time on waiting list 74 days.

Mean operation time for those patients in group 1 was 42 minutes vs 57 minutes for group 2 ($p=0.001$). Conversion rates 2.6% vs 5.9% ($p=0.03$). In incidence of complications not significantly different 9.2% vs 8.9% ($p=0.18$). Median length of operative stay for group 1 was 1 day vs 2 days for group 2 ($p=0.002$).

Conclusion: Those patients whose initial presentation of gallstone related disease is as an emergency, take significantly longer to operate on, have significantly higher conversion rate and are likely to stay longer post operatively. However complication rate is no different.

0115 SURGICAL SCHOLARLY ACTIVITY; PUBLICATION RATES OF GENERAL SURGEONS DURING A FIVE YEAR PERIOD IN A SINGLE UK DEANERY

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Aims: Specialist registrars (SpR) in surgery frequently suffer criticism during the RITA process because of a perceived paucity of publication output. The aim of this study was to measure the publication output of Consultant Surgeons working within the Wales deanery during a 5 year period.

Methods: PubMed was searched for the cited publications of all substantive Consultant General Surgeons practicing in the Wales deanery between 2005 and 2009. Results were analyzed in relation to geographical area, hospital type, subspecialty interest, and impact factor.

Results: The total number of publications was 443 (12 RCTs, 336 scientific papers, 12 reviews, 71 case reports, and 12 letters). Of the 111 surgeons, 73 (65.8%) achieved at least one publication (median 2, range 0–62). Publication productivity was associated with teaching hospital status ($p=0.008$), local health board or trust ($p<0.001$) and university academic surgeons ($p<0.001$). The median sum value of journal impact factor per consultant was 2.0810 (0 to 172.8710), and higher sum impact factors were associated with teaching hospital surgeons ($p=0.005$), local health board ($p<0.001$), university academic surgeons ($p<0.001$), and publication productivity ($p<0.001$).

Conclusion: Consultants and SpRs alike, who partake in the RITA process, should be aware of such data when discussing academic activity.

0118 THE ABCD OF HANDOVER: A SIMPLE SYSTEM TO IMPROVE THE QUALITY OF SURGICAL HANDOVER

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Introduction: Good clinical handover is vital to ensuring high care standards across numerous shift changes, so prevalent since introduction of EWTD. Handover processes are rarely monitored and prone to error, with serious adverse events a potential consequence.

Aim: To evaluate and improve handover quality in a tertiary referral centre for Plastics/Orthopaedics.

Method: The handover process was audited against standards set by Royal College of Surgeons. Data was collected over a month period for both initial and re-audit.

A simple model, the ABCD of Handover, to improve the quality of handover was then devised and implemented prior to re-audit.